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U.S. PTO

PTO/SB/05 (01-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	702421635004
First Inventor	Robert James Johnson
Title	Emergency Eye Wash System
Express Mail Label No.	EH578305701US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 37]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 18]
5. Oath or Declaration [Total Sheets 3]
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information:

Examiner:

Art Unit:

For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number: 283104 OR ☐ Correspondence address below

Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			

Name (Print/Type)	James B. Raden	Registration No. (Attorney/Agent)	24,594
Signature	<i>James B. Raden</i>	Date	4/1/04

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	
		First Named Inventor	Robert James Johnson
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$) 1,882.00	
		Attorney Docket No.	702421635004

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number		Fee Code	Fee (\$)
201-1202		1051	130
Jones Day		1052	50
The Director is authorized to: (check all that apply)		1053	130
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments		1812	2,520
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		1804	920*
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1805	1,840*
FEE CALCULATION		1251	110
1. BASIC FILING FEE		1252	420
Large Entity	Small Entity	1253	950
Fee Code (\$)	Fee Code (\$)	1254	1,480
1001 770	2001 385	1255	2,010
1002 340	2002 170	1401	330
1003 530	2003 265	1402	330
1004 770	2004 385	1403	290
1005 160	2005 80	1451	1,510
SUBTOTAL (1) (\$) 770		1452	110
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1453	1,330
Total Claims	Extra Claims	1501	1,330
77	20** = 57	1502	480
Independent Claims	Fee from below	1503	640
4	3** = 1	1460	130
Multiple Dependent	Fee Paid	1807	50
	1026	1806	180
	86	8021	40
		1809	770
		1810	770
		1801	770
		1802	900
Large Entity	Small Entity	Other fee (specify) _____	
Fee Code (\$)	Fee Code (\$)	*Reduced by Basic Filing Fee Paid	
1202 18	2202 9	SUBTOTAL (3) (\$)0	
1201 86	2201 43		
1203 290	2203 145		
1204 86	2204 43		
1205 18	2205 9		
SUBTOTAL (2) (\$) 1,112			
**or number previously paid, if greater; For Reissues, see above			

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	James B. Raden	Registration No. (Attorney/Agent)	24,594
Signature	<i>James B. Raden</i>	Telephone	312 269-4340
		Date	4/17/04

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